

Date

ROUTING AND TRANSMITTAL SLIP

23 Aug 82

TO: (Name, office symbol, room number, building, Agency/Post)		Initials	Date
1. LTC Jackson			
2.			
3.			
4.			
5.			
Action	File	Note and Return	
Approval	For Clearance	Per Conversation	
As Requested	For Correction	Prepare Reply	
Circulate	For Your Information	See Me	
Comment	Investigate	Signature	
Coordination	Justify	<input checked="" type="checkbox"/>	

REMARKS

Returned to you info for
Project 8122.
No further action anticipated.

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)	Room No.—Bldg.
CPT ATwater	Phone No.

5041-102

OPTIONAL FORM 41 (Rev. 7-76)

Prescribed by GSA